

| U.S. Customs and Border Protection | | | | Pre-Hospital Care Report | | | | | |
|---|---|--|---|---|---|---|--|---------|--|
| RGV Sector | | | | FLF | | | | | |
| Date Oct 19, 2020 | | Time of Call 1655 | | Time at Pt 1657 | | Ticket # N/A | | | |
| Location USBP CHECKPOINT FLF | | Coordinates N 27.02953 | | W -98.13911 | | ■ BLS ■ ALS | | | |
| Name JESUS UTRERA-ABENTANO | | | | DOB 1/28/2001 | | Age Male | | | |
| Citizenship <input checked="" type="radio"/> UDA <input type="radio"/> USC <input type="radio"/> UNK <input type="radio"/> Other MEXICO | | | | Weight 180 | | lbs. | | | |
| Chief Complaint DEHYDRATION, HEAT EXHAUSTION | | | | Medical <input checked="" type="checkbox"/> | | Trauma <input type="checkbox"/> | | | |
| Time | LOC | PULSE | RESP | B.P. | R Pupils | L Lungs | R SKIN | SpO2 | BGL |
| 1700 | CAO x <input type="radio"/> Alert <input type="radio"/> Voice <input type="radio"/> Pain <input type="radio"/> Unresp | Rate: 129 <input type="radio"/> Regular <input type="radio"/> Irregular | Rate: 38 <input type="radio"/> Regular <input type="radio"/> Shallow <input type="radio"/> Labored | 88 P | <input checked="" type="radio"/> Normal <input type="radio"/> Dilated <input type="radio"/> Constr <input type="radio"/> Sluggish <input type="radio"/> No Reac | <input checked="" type="radio"/> Clear <input type="radio"/> Wet <input type="radio"/> Wheezing <input type="radio"/> Diminished <input type="radio"/> Absent | <input type="checkbox"/> Dry <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Hot <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic | 95 % | 98 GCS 10 |
| 1715 | CAO x <input type="radio"/> Alert <input type="radio"/> Voice <input type="radio"/> Pain <input type="radio"/> Unresp | Rate: 90 <input type="radio"/> Regular <input type="radio"/> Irregular | Rate: 28 <input type="radio"/> Regular <input type="radio"/> Shallow <input type="radio"/> Labored | 114 68 | <input checked="" type="radio"/> Normal <input type="radio"/> Dilated <input type="radio"/> Constr <input type="radio"/> Sluggish <input type="radio"/> No Reac | <input checked="" type="radio"/> Clear <input type="radio"/> Wet <input type="radio"/> Wheezing <input type="radio"/> Diminished <input type="radio"/> Absent | <input checked="" type="checkbox"/> Dry <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Moist <input type="checkbox"/> Hot <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic | 98 % | N/A GCS 13 |
| | CAO x <input type="radio"/> Alert <input type="radio"/> Voice <input type="radio"/> Pain <input type="radio"/> Unresp | Rate: <input type="radio"/> Regular <input type="radio"/> Irregular | Rate: <input type="radio"/> Regular <input type="radio"/> Shallow <input type="radio"/> Labored | | <input type="radio"/> Normal <input type="radio"/> Dilated <input type="radio"/> Constr <input type="radio"/> Sluggish <input type="radio"/> No Reac | <input type="radio"/> Clear <input type="radio"/> Wet <input type="radio"/> Wheezing <input type="radio"/> Diminished <input type="radio"/> Absent | <input type="checkbox"/> Dry <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Moist <input type="checkbox"/> Hot <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic | % | BGL GCS |
| Pain | 00 01 02 03 04 05 06 07 08 09 10 | | | | Oxygen Therapy | | LPM | Cannula | <input type="radio"/> NR <input type="radio"/> BVM |
| Temp | 100.2 F/C Tympanic | | | | | | | | |
| IV Attempt Time | Gauge | Location | Success | Fluid | Quantity | DC Time | | | |
| 1) 1711 | 20G | <input type="radio"/> L <input checked="" type="radio"/> R <input type="radio"/> Hand <input type="radio"/> Arm <input type="radio"/> AC | <input checked="" type="radio"/> YES <input type="radio"/> NO | NS | 500ML | | | | |
| 2) | | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Hand <input type="radio"/> Arm <input type="radio"/> AC | <input type="radio"/> YES <input type="radio"/> NO | | | | | | |
| 3) | | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Hand <input type="radio"/> Arm <input type="radio"/> AC | <input type="radio"/> YES <input type="radio"/> NO | | | | | | |
| Allergies/ Med Hx: DEPRESSION, NKA | | | | | | | | | |
| Medications: UNKNOWN Advanced Treatment: | | | | | | | | | |
| Narrative: | | | | | | | | | |
| <p>Arrived on scene to a 19 year old male patient complaining of dehydration and heat exhaustion. Upon arrival, patient was being moved from the rear cargo compartment of a vehicle to a shaded area by two officers. Patient was initially unresponsive to verbal or pain stimuli. After approximately 1 minute, patient did become responsive to pain stimuli. Patient was able to open his eyes although speech was mumbled and, he appeared dazed and confused. Patient was trapped in the rear cargo compartment of a vehicle for approximately 2 hours with one other subject. Patients last oral intake was the morning prior and consisted of a taco and lemon aid. Patient claimed prior history of depression and NKA. No further medical history or medications.</p> <p>Vitals were taken and are as follows: PULSE- 129 weak, BP- 88 (PALPATED), RESP- 38 AND SHALLOW, SPO2- 95% ON RA, BGL- 98. SKIN HOT AND MOIST, EYES- PEARL.</p> <p>I immediately placed ice packs behind patients neck, under each arm pit, and inside each upper thigh close to the groin. Following that, IV access was established using a 20g catheter to patients right upper hand. Saline lock was placed, followed by a 10ml flush. Patient was then given 500ml of NS. At this time ambulance was requested.</p> <p>Vitals were then re-taken and are as follows: PULSE- 90 AND REGULAR, BP- 114/68, LUNG SOUNDS CLEAR BI-LATERALLY,</p> | | | | | | | | | |
| Hospital Contacted: | | OLMC Orders: | | Dr./RN: | | | | | |
| N/A | | | | | | | | | |
| Patient care transferred to: | | N/A | | Time of care: Transferred / Terminated 1950 | | | | | |
| Report By: CODY BAILEY | | Certification: EMT-B | | Signature CODY L BAILEY | | | | | |
| Sector Lead Medic Review: | | EMP Coordinator Review: | | M. D. Review (if needed): | | | | | |
| Deficiency <input type="radio"/> Y / <input checked="" type="radio"/> N | | Notes: | | 06/2017 | | | | | |
| Patient Refusal: <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | | | | | |

Narrative Continuation

Patient's Name: JESUS UTRERA-ABENTANO Patient's D.O.B: 1/28/2001

RESP- 28 AND REGULAR, SPO2- 98.

Allegiance ambulance arrived on scene at approximately 1718 hrs. Patient was taken to the ambulance via stretcher in the sitting position. Patient care was turned over to Paramedic Ignacio Hernandez at approximately 1720 hrs. Patient was transported to Kingsville, TX hospital at approximately 1744 hrs. Call ended at that time.

Report By:

CODY BAILEY

Signature:

CODY L BAILEY

Digital Signed by: CODY L. BAILEY
DN: cn=Cody L. Bailey, ou=Department of Homeland Security, email=Cody.L.Bailey, c=US
Date: 2017.07.24 09:47:36 -0500

Date:

Oct 19, 2020